

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE	
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4	1		1			
5		1		1		
6		1				
7	1		1			
8		1		1		
9		2		1		
10		2		1		
11	2			1		
12	2			1		
13	2			1		
14	1		1			
15		1		1		
16	1	2				
17						
18						
19						
20		2		1		
21	1		1			
22		1		1		
23	2			1		
24	2			1		
25	1		1			
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TOTAL IND.			16			
TOTAL DEP.			35			
TOTAL CLAIMS			41			

CLAIMS	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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